PTO/SB/21 (02-09) Approved for use through 03/31/2009. OMB 0651-0031
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inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/680830 Filing Date 0700 T 03 First Named Inventor TIMOTHY RAYMOND CRONIN Art Unit 2621 **Examiner Name** DAVID E. HARVEY Attorney Docket Number

TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

(excluding this furm)

Total Number of Pages in This Submission

(PLEA **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify below): Brief in support of an appeal to the Board of Patent Appeals and Interferences (8 pages). Also, SASE (large) containing 03 packets of newspaper and magazine articles w/coversheets, Terminal Disclaimer Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name TIMOTHY RAYMOND CRONIN Date Reg. No. APRIL 21, 2009

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APRIL 21, 2009

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PTO/SB/17 (10-08)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL				Application Number 10/		10/68	80 8 30		
				Filing Date		0700	103		
For FY 2009			First Named Inv	ventor	TIMOTHY RAYMO		TOND CRONIN		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	е	DAVID E. HARVEY			
			Art Unit		2621				
TOTAL AMOUNT OF PAYMENT (S		(\$)270.00	·	Attorney Docket No.					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINAT								·	
Application Type	Fee (\$	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (<u>Small</u> (\$) <u>Fee</u>		Fees Paid (\$)	
Utility	330	165	540	270	220				
- Design	220	110	100	50	140	7	0		
Plant	220	110	330	165	170	-	•		
Reissue	330	165	540	270	650	-	_		
Provisional	220	110	0	0	0		0 .		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (including Reissues)							ее (\$) 52	Fee (\$) 26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent cl				390	195				
Total Claims				Paid (\$)	ald (\$) Multir			tiple Dependent Claims	
- 20 or HP = HP = highest number of total	claims paid	d for if greater than 20	=		•	<u> </u>	ee (\$)	Fee Paid (\$)	
<u>Indep. Claims</u>	Extra CI		Fee	Paid (\$)					
- 3 or HP = HP = highest number of indep	endent cla	ims paid for, if greater that	= an 3						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): Filing a brief in support of an appeal 270.00									
SUBMITTED BY									
Signature 7. 74.	0.	1/	I F	Registration No.		- 1	Tolonbara		
(Attorney/Agent)							Telephone		
ame (Print/Type) TIMOTHY RAYMOND CRONIN							Date APRIL 21, 2009		

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